

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 04675 51

## 1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town \_\_\_\_\_  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Forest Cook Jr.

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife \_\_\_\_\_

B. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of

deceased (mo., day, yr.)

April 8, 1946

8. AGE:

Years

Months

Days

If less than one day

16

hrs.

min.

9. Birthplace

Calvert, Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER

12. Name Forest Cook Sr.

13. Birthplace

MOTHER

14. Maiden name Gladys Jones

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

May 17 46  
(month) (day) (year)

Cemetery or crematory

Mt. Hope

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

5-17

19.

46H-W Ward

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

May 16 19 46 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 16 19 46 to May 16 19 46  
and that I last saw him alive on May 16 19 46

Immediate cause of death

Malnutrition

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

Prince Frederick, Md. Date signed 5/17

0-1612

RECEIVED

RECEIVED

18 1946

HEAD V.S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1392

## CERTIFICATE OF DEATH

04676

Reg. Dist. No. 52

## 1. PLACE OF DEATH:

County CalvertCity or town Paris  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen AnneCity or town Church Hill Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION) ✓

2(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Marrise Haldsbrough

## 3. (b) Social Security Number

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug 21 - 19118. AGE: Years 34 Months \_\_\_\_\_ Days \_\_\_\_\_ It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Queen Anne  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business School Teacher12. Name Charles Haldsbrough13. Birthplace Queen Anne14. Maiden name Hannett Anthony15. Birthplace Queen Anne16. Informant Hannett HaldsbroughAddress Church Hill17. Burial Date thereof May 5 - 1946  
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory FalemLocation near Church Hill18. Funeral director Edgar L. LaneAddress Church Hill Md19. May 1 19 46 Edgar L. Hutchins  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1 May 1946 at 8:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Feb 1946 to 30 April 1946 and that I last saw her alive on 30 April 1946Immediate cause of death menorrhagia  
(menorrhagia)

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Oliver M. D. or otherAddress Huntington Date signed 1 May 46

RECEIVED

MAY 20 1945

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

04677 39

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Calvert  
 City or town Adelina, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town Adelina  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John T. Henson

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced Married8.(b) Name of husband or wife Marie Louise Henson7. Birth date of deceased (mo., day, yr.) April 1861 6.(c) If alive, give age 76 years8. AGE: Years 85 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Calvert, Md.  
(Town, county, and state)10. Usual occupation Farmer

## 11. Industry or business

12. Name James Henson13. Birthplace Adelina, Md.14. Maiden name Mary Jane Parker15. Birthplace Calvert, Md.16. Informant Marie Louise HensonAddress Adelina, Md17. Burial Date thereof 5-19-46  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Carroll'sLocation Barstow, Md.18. Funeral director P. E. SewellAddress Prince Frederick, Md.19. 5-18 19 46 N. W. Wars  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 46 at 3:40 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 19 46 to May 15 19 46 and that I last saw him 15 alive on 15 May 19 46Immediate cause of death Uremia

DURATION

Due to \_\_\_\_\_

Due to Hypertension co. T

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. E. Sewell M. D. or other \_\_\_\_\_Address Prince Fred. Date signed 5/17

RECEIVED

MAY 18 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

04678

38

## 1. PLACE OF DEATH:

County Calvert  
 City or town Prince Frederick, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 wks  
 Hospital, institution, or street address where death occurred:  
Calvert County Hospital  
 How long in hospital or institution? 3 wks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert  
 City or town Prince Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

Cora E. Monnett

## 3. (b) Social Security Number

no

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W  
 6.(b) Name of husband or wife William Monnett  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Apr. 10, 1866  
 8. AGE: Years 80 Months 1 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Calvert Co., Md.  
 (Town, county, and state)  
 10. Usual occupation None

## 11. Industry or business

12. Name Thomas Scirenew  
 13. Birthplace Md  
 14. Maiden name Jane Rawlings  
 15. Birthplace Md.

16. Informant Dr. J. N. King  
 Address Prince Frederick, Md

17. Burial Date thereof May 17, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Asbury  
 Location Barstow, Md

18. Funeral director O. A. Harkness & Son  
 Address Mutual, Md.

19. 5-17 19 46 N W Ward  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 46 at 1:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 46 to May 15 19 46  
 and that I last saw him alive on May 15 19 46

Immediate cause of death Pulmonary emboli  
Septicemic c.d.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Arterial of liver  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R de Villanova M. D. or otherAddress Prince Frederick Date signed May 16/46

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MAY 18 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct area is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

## CERTIFICATE OF DEATH

04679

16

Reg. Dist. No. 52

## 1. PLACE OF DEATH:

County Calvert  
 City or town Brownsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Birth  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.  
 City or town Washington  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1300 Spring Rd.  
 (If rural, give LOCATION) N.W. Wash. D.C.  
 2(a) If veteran, name war \* World War I

## 3. (a) FULL NAME

Peter Rockelli

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) about 1897?  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 49? Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Wash. D.C.  
 (Town, county, and state)

10. Usual occupation Helper in Store

11. Industry or business

12. Name David Rockelli13. Birthplace Wash. D.C.14. Maiden name Enelia Zuvik15. Birthplace Wash. D.C.16. Informant Mrs. Madeline BattlingAddress 1300 Spring Rd. N.W.17. (Burial, cremation, or removal. Which?) Buried Date thereof June 4 46Cemetery or crematory Mt. Shibe Cem.Location Wash. D.C.18. Funeral director W. W. Chambers Co.Address Wash. D.C.19. May 31 19 46 Seared L. Hutchins

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 30 May 1946 at 4p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death accidental drowning  
 DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 30 May 46Where did injury occur? N. Beach Calvert Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) N. Beach

Means of Injury \_\_\_\_\_ Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress Huntington Md. Date signed 31 May 46

RECEIVED  
JUN 10 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

## CERTIFICATE OF DEATH

04680 37

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Calvert, Md.City or town Dunkirk  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert.City or town Dunkirk  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Thomas W. Scott

## 3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced MB. (b) Name of husband or wife Mamie G. Scott6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) July 15, 1886.8. AGE: Years 59 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Md.  
(Town, county, and state)10. Usual occupation Farmer

## 11. Industry or business

12. Name James W. Scott13. Birthplace Md.14. Maiden name Elizabeth Gross15. Birthplace Md.16. Informant Mamie G. ScottAddress Dunkirk, Md.17. Burial Date thereof May 9, 46  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hall's CreekLocation Dunkirk, Md.18. Funeral director P.C. Semell.Address Primer Frederick, Md.19. 5-9 19 46 H. W. Ward  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 19 46 at 11:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 45 to May 6 19 46and that I last saw him alive on May 4 19 46Immediate cause of death Coronary OcclusionDue to Coronary Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Page 2 Det M. D. or otherAddress Primer Frederick, Md. Date signed 5/8/46

RECEIVED  
MAY 14 1946  
BUREAU V. R.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Calvert Registration Dist. No. 52  
 Village or City Prince Frederick No.      St.      Ward       
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred      yrs.      mos.      ds. How long in U.S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Charles H. Stuart If U. S. Veteran, specify WAR       
 (a) Residence: No.      St.      Ward.       
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of     

## 6. DATE OF BIRTH (month, day, and year)

7. AGE 72 Years      Months      Days      If LESS than 1 day,      hrs. or      min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Engineer  
 11. Total time (years) spent in this occupation     

## 12. BIRTHPLACE (city or town) (State or country)

13. NAME Regis Stuart  
 14. BIRTHPLACE (city or town) (State or country) Pa

## MOTHER

15. MAIDEN NAME Mary Nolan  
 16. BIRTHPLACE (city or town) (State or country) Pa

## 17. INFORMANT (Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg Date 5/15, 1946

## 19. UNDERTAKER (Address)

20. FILED May 13, 1946 Grace E. Hetchins  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

May 10, 1946  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

3 May, 1946, to 10 May, 1946

I last saw him alive on 10 May, 1946; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

cerebral aneurysm

Other Contributory Causes of importance:

arteriosclerosis

Name of operation      Date of     

What test confirmed diagnosis?      Was there an autopsy?     

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of Injury     , 19    

Where did injury occur?      (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury     

Nature of injury     

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify     

(Signed) Chambersburg M. D.  
 (Address) Chambersburg Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|  | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>                  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>    | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>               | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance: |                     |
| <i>Gallstones</i>                        | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

The principal cause of death and related causes of importance were as follows:

|  | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>                | <i>1 week ago</i> |
| <i>Run over by street car</i>            | <i>1 week ago</i> |
| <i>Peritonitis</i>                       | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance: |                   |
| <i>Gastroenteritis</i>                   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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